

AMENDED IN SENATE MAY 7, 2009

CALIFORNIA LEGISLATURE—2009—10 REGULAR SESSION

Assembly Concurrent Resolution

No. 29

Introduced by Assembly Member Jones

February 19, 2009

Assembly Concurrent Resolution No. 29—Relative to health disparities.

LEGISLATIVE COUNSEL’S DIGEST

ACR 29, as amended, Jones. Health disparities: racial and ethnic populations.

This measure would request that the California Health and Human Services Agency provide leadership to ensure that, within existing resources and programs, departments within the agency implement programs, activities, and strategies that place a priority focus on preventing, reducing, and eliminating health disparities among racial and ethnic population subgroups.

Fiscal committee: yes.

1 WHEREAS, The National Institutes of Health defines health
2 disparities as the “differences in the incidence, prevalence,
3 mortality, and burden of diseases and other adverse health
4 conditions that exist among specific population groups in the
5 United States”; and
6 WHEREAS, A number of studies show that members of
7 communities of color are much more likely to experience poor
8 quality of health and health care than their white counterparts
9 across a broad spectrum of illnesses, injuries, and treatment
10 outcomes; and

1 WHEREAS, African Americans, Alaskan natives, American
2 Indians, Asian Americans, Latinos, and Pacific Islanders are more
3 likely than whites to have poor health, to be uninsured, and to die
4 prematurely; and

5 WHEREAS, Reported risk factors for most chronic diseases,
6 including cardiovascular disease, in California are alarming: 32.7
7 percent of adults report high cholesterol, 23.4 percent report high
8 blood pressure, 7.2 percent have diabetes, ~~16.8~~ 13.3 percent are
9 current smokers, 36.2 percent report being overweight, and 22.3
10 percent report not exercising in the previous 30 days; and

11 WHEREAS, Cardiovascular disease, since 1900, has been the
12 number one killer in the United States, and one in three persons
13 has some form of cardiovascular disease; and

14 WHEREAS, More than 1.7 million Californians are affected by
15 heart disease; and

16 WHEREAS, Heart disease is the leading cause of death in
17 California, accounting for more than 73,000 deaths, or almost
18 one-third of all deaths in the state; and

19 WHEREAS, Nearly 128 women die every day in California
20 from cardiovascular disease; and

21 WHEREAS, In California, African Americans, Asian
22 Americans, Pacific Islanders, Latinos, and Native Americans die
23 disproportionately from heart disease; and

24 WHEREAS, Poor health outcomes carry both significant
25 individual and societal costs; and

26 WHEREAS, The estimated direct and indirect costs of
27 cardiovascular disease in the United States were ~~\$448.5 billion~~
28 \$475 billion in the year 2008; and

29 WHEREAS, Research has found lower awareness of
30 hypertension, medication taking, and blood pressure control among
31 Hispanics; and

32 WHEREAS, People of color have higher rates of diabetes than
33 whites; 10 percent of African American adults, 11 percent of Latino
34 adults, 13.3 percent of Native American and Alaskan Native adults,
35 and 6.6 percent of Asian adults in California have been diagnosed
36 with diabetes; and

37 WHEREAS, Heart disease, diabetes, and other chronic diseases
38 can be prevented not only by addressing behavioral factors such
39 as lifestyle and habits but by changing the social and physical

1 environments that contribute to those unhealthy behaviors; now,
2 therefore, be it

3 *Resolved by the Assembly of the State of California, the Senate*
4 *thereof concurring*, That the Legislature requests that the California
5 Health and Human Services Agency provide leadership to ensure
6 that, within existing resources and programs, departments within
7 the agency implement programs, activities, and strategies that place
8 a priority focus on preventing, reducing, and eliminating health
9 disparities among racial and ethnic population subgroups; and be
10 it further

11 *Resolved*, That the Legislature encourages interdepartmental
12 collaboration with an emphasis on the complex social,
13 environmental, and behavioral factors that contribute to health
14 disparities, particularly when identifying strategies aimed at the
15 prevention of chronic diseases, including, but not limited to,
16 cardiovascular disease; and be it further

17 *Resolved*, That the Chief Clerk of the Assembly transmit copies
18 of this resolution to the author for appropriate distribution.